

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>A.T</i>	<i>32</i>	<i>7/31</i>
FORMALITY REVIEW	<i>M.D</i>	<i>1071</i>	<i>08/30/01</i>
RESPONSE FORMALITY REVIEW		<i>025</i>	<i>11-16-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
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11	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*12/24/01 11-101*